

School District Name: _____ **Career Cluster:** _____

<u>Course Titles</u>	<u>Type of Course</u>	<u>Teacher or Instructor</u>	<u>Grade Level</u>	<u># of Credits</u>
In Career Cluster	Foundational CTE, Cluster Specific, Pathway Specific, and/or Academic			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CRITERIA FOR PROGRAM APPROVAL

1. CTE Teacher Certification (Complete for each **CTE** teacher in the Career Cluster Program)

The teacher's name on certificate _____ Social Security # _____
 Expiration date of teacher's certificate _____ Certification Area _____
 Teacher Contract Date: _____ School Phone # _____
 Teacher's E-Mail Address _____ Home Phone # _____

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 Expiration date of teacher's certificate _____ Certification Area _____
 Teacher Contract Date: _____ School Phone # _____
 Teacher's E-Mail Address _____ Home Phone # _____

If the teacher is not endorsed in the area they are teaching a professional development plan must be developed and on file in OCTE.

2. Professional Development (www.SouthDakotaPD.com) (<http://doe.sd.gov/octe/>)

- ♦ The teacher is recommended to attend two different sessions per year.

<input type="checkbox"/>	Understanding By Design	<input type="checkbox"/>	Writing to Win/ 6 Plus 1/ Step Up to Writing
<input type="checkbox"/>	Senior Projects	<input type="checkbox"/>	Internships
<input type="checkbox"/>	Teachers as Advisors	<input type="checkbox"/>	Career Cluster-Pathways (Specific)
<input type="checkbox"/>	Instructional Strategies	<input type="checkbox"/>	Classroom Assessment Training
<input type="checkbox"/>	Non-trad. Training		
<input type="checkbox"/>	Other (specify): Example: content training, technology training, advance degree and etc		

3. Advisory Committee

- ♦ The program's advisory committee operates with a written work plan and meets a minimum of two times per year.

☐ Yes ☐ No

4. Program Improvement Process (PIP) Instruments and/or Annual Progress Reports

- ♦ PIP instrument and Action Plan or Annual PIP Progress Report for the current school year has been submitted. (Annual Progress Report due February 3, 2007)

☐ Yes ☐ No Date submitted

5. Data Collection

- ♦ The following Perkins III data for the prior school year (2005-2006) has been entered on the Perkins portal. Website: <http://vistrionix.state.sd.us/OCTEDataCollection>

State Use Only

Middle School Enrollment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA
9-12 Grade Enrollment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA
Prior Credits Data	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA
VSA for Concentrator & Completers	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA
Placement data for Completers	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA
Special Populations data	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA

Signature of Teacher

Date

Signature of Superintendent, Principal
or Multi-district Director

Date

Approved by State Director of OCTE

RETURN TO:

**OCTE
700 Governors Drive
Pierre SD 57501-2291**